



You are invited to attend an educational program organized by Genentech

Therapy Options for HER2-Positive Metastatic Breast Cancer: Case-Based Discussions

INDICATIONS

PERJETA

PERJETA® (pertuzumab) is a HER2/neu receptor antagonist indicated in combination with Herceptin® (trastuzumab) and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

KADCYLA

KADCYLA® (ado-trastuzumab emtansine), as a single agent, is indicated for the treatment of patients with HER2-positive, metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either:

- Received prior therapy for metastatic disease, or
- Developed disease recurrence during or within six months of completing adjuvant therapy.

Please see reverse for additional Important Safety Information, and see accompanying full Prescribing Information, including Boxed WARNINGS.

PROGRAM INFORMATION

PRESENTED BY

Maria Theodoulou, MD
Memorial Sloan-Kettering Cancer Center
New York, New York

HOST

Will Jones
Genentech
201-694-6532
jones.will@gene.com

EVENT CODE

PRF42886

You may RSVP by visiting us online at <http://genersvp.com> and entering the event code.

Please note that this is a promotional educational program; CME credit will not be available.

PROGRAM DATE AND LOCATION

Tuesday, March 18, 2014
Due Mari
78-80 Albany St
New Brunswick, NJ 08901

SCHEDULE OF EVENTS

6:00 pm Arrival Time
6:30 pm Presentation Time

AUDIENCE

This program has been developed for physician discussion and participation.

PROGRAM OBJECTIVE

To advance understanding of practice-changing data regarding the management of patients with HER2-positive metastatic breast cancer through an interactive case-based discussion program.

Minnesota, Vermont, the Department of Defense, and the Department of Veterans Affairs have restrictions on receiving in-kind benefits (e.g., meals, parking) at company-sponsored events. You are accountable for understanding such restrictions and complying with them. If you are licensed in or affiliated with any of these states or federal agencies, Genentech policies may restrict you from consuming any portion of the Genentech-sponsored meal at this program or from receiving any other in-kind benefit from Genentech (e.g., parking) in connection with the program.

When you RSVP please indicate whether you will accept or opt out of Genentech's in-kind benefits (e.g., meals, valet parking) at the program. If you choose to opt out you may either pay for the meal and parking on your own, or not consume anything at the program. For all program attendees who receive Genentech's in-kind benefits at this program, Genentech will report the attendee's name and the value received as required by federal and state disclosure laws (for more information on the federal law please visit <http://sunshine.gene.com>).

The meal cost may vary by event location and be up to \$125 per person (exceptions may apply).

IMPORTANT SAFETY INFORMATION

PERJETA (PERTUZUMAB) IMPORTANT SAFETY INFORMATION

Boxed WARNINGS: Cardiomyopathy and Embryo-Fetal Toxicity

- **PERJETA administration can result in subclinical and clinical cardiac failure. Evaluate left ventricular function in all patients prior to and during treatment with PERJETA. Discontinue PERJETA treatment for a confirmed clinically significant decrease in left ventricular function**
- **Exposure to PERJETA can result in embryo-fetal death and birth defects. Studies in animals have resulted in oligohydramnios, delayed renal development, and death. Advise patients of these risks and the need for effective contraception**

Additional Important Safety Information

- PERJETA is contraindicated in patients with known hypersensitivity to pertuzumab or to any of its excipients
- PERJETA has been associated with infusion and hypersensitivity reactions/anaphylaxis
- Detection of HER2 protein overexpression is necessary for selection of patients appropriate for PERJETA therapy
- In metastatic breast cancer, the most common adverse reactions (>30%) seen with PERJETA in combination with Herceptin and docetaxel were diarrhea, alopecia, neutropenia, nausea, fatigue, rash, and peripheral neuropathy

KADCYLA (ADO-TRASTUZUMAB EMTANSINE) IMPORTANT SAFETY INFORMATION

Boxed WARNINGS: HEPATOTOXICITY, CARDIAC TOXICITY, EMBRYO-FETAL TOXICITY

- **Do Not Substitute KADCYLA for or with trastuzumab**
- **Hepatotoxicity: Serious hepatotoxicity has been reported, including liver failure and death in patients treated with KADCYLA. Monitor serum transaminases and bilirubin prior to initiation of KADCYLA treatment and prior to each KADCYLA dose. Reduce dose or discontinue KADCYLA as appropriate in cases of increased serum transaminases or total bilirubin**
- **Cardiac Toxicity: KADCYLA administration may lead to reductions in left ventricular ejection fraction (LVEF). Evaluate left ventricular function in all patients prior to and during treatment with KADCYLA. Withhold treatment for clinically significant decrease in left ventricular function**
- **Embryo-Fetal Toxicity: Exposure to KADCYLA can result in embryo-fetal death or birth defects. Advise patients of these risks and the need for effective contraception**

The following additional serious adverse reactions have been reported in clinical trials with KADCYLA:

- Interstitial Lung Disease (ILD), including pneumonitis, some leading to acute respiratory distress syndrome or fatality: KADCYLA should be permanently discontinued in patients diagnosed with ILD or pneumonitis
- Infusion-related reactions (IRR), Hypersensitivity: KADCYLA treatment should be interrupted in patients with severe IRR and permanently discontinued in the event of a life-threatening IRR
- Thrombocytopenia: Monitor platelet counts prior to initiation of KADCYLA and prior to each dose. Institute dose modifications as appropriate
- Peripheral neuropathy: KADCYLA should be temporarily discontinued in patients experiencing Grade 3 or 4 peripheral neuropathy until resolution to $\leq$ Grade 2
- Reactions secondary to extravasation: The infusion site should be closely monitored for possible subcutaneous infiltration during drug administration

Additional Important Safety Information:

- Detection of HER2 protein overexpression or gene amplification is necessary for selection of patients appropriate for KADCYLA therapy
- Nursing mothers: Discontinue nursing or discontinue KADCYLA taking into consideration the importance of the drug to the mother
- The most common adverse drug reactions (frequency > 25%) across clinical trials with KADCYLA were fatigue, nausea, musculoskeletal pain, thrombocytopenia, headache, increased transaminases, and constipation

You are encouraged to report side effects to Genentech and the FDA. You may contact Genentech by calling 1-888-835-2555. You may contact the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.